

**Choice and Preference Toileting Assistance (CAPTA)
Course Evaluation**

Please help us evaluate the CAPTA course by completing this survey. Please mail the completed survey to Principal Investigator Anna Rahman using the pre-addressed stamped envelope provided to your nursing home. Alternatively, you can fax the survey to Ms. Rahman at (513) 529-1476 or mail it to her at 519 Stassi Lane, Santa Monica, CA 90402. If you have any questions, please contact Ms. Rahman at rahmanan@muohio.edu or (513) 258-4421. Thank you for your feedback.

Please tell us about your participation in and opinions of the course:

1. The project presented 6 teleconferences. How many of these teleconferences did you attend? _____

2. Did you listen to the online audio-recording of any of the teleconference presentations?

Yes; if yes, how many did you listen to? _____

No

No response

3. In your opinion, were the individual teleconferences, which lasted 40 minutes:

Too long; how long should each teleconference have been? _____ minutes

Just the right length

Too short? How long should each teleconference have been? _____ minutes

No opinion/no response

4. The course offered 6 teleconferences. In your opinion, was this number:

Too many; how many teleconferences should we have offered? _____ number

Just right

Too few; How many teleconferences should we have offered? _____ number

No opinion/no response

5. Teleconferences were offered monthly during this project. In your opinion, should we have held the teleconferences:

Monthly, as we did

Every two months

Every two weeks

Every week

Another period; please specify: _____

No opinion/no response

Please indicate the degree to which you agree or disagree with the following statements:

6. I received the training I needed to master the technology required to participate in this project.

Strongly Disagree

1

2

3

4

Strongly Agree

5

17. I can identify and implement staffing strategies for implementing prompted voiding.

Not at all confident
1 2 3 4 Very confident
5

18. I can describe federal survey guidelines for incontinence care and identify compliance strategies.

Not at all confident
1 2 3 4 Very confident
5

19. I can monitor and evaluate a toileting assistance program for incontinent residents.

Not at all confident
1 2 3 4 Very confident
5

20. Do you have any questions about incontinence management that were not answered during the CAPTA course?

Yes
 No

If yes, please explain:

Please tell us about your enrollment in this course and future similar courses:

21. Would you participate in a similar distance learning course if the training topic were of interest to your and/or your facility?

Yes
 No
 Don't know/no response

22. Would you recommend this distance learning course on incontinence management to your colleagues?

Yes
 No
 Don't know/no response

23. Which would you prefer to attend: this distance learning course or a more traditional in-person, two-day training program on incontinence management?

This distance learning course
 An in-person, two-training training course
 Don't know/no response

24. How did you hear about this course?

- From a staff member in my nursing home
- From staff in another nursing home
- From the state Quality Improvement Organization
- From a professional membership organization (e.g., your state's health care organization)
- From an email sent by Scripps Gerontology Center, the course's sponsoring organization
- Other source; please specify: _____

25. What was the main reason you enrolled in the course? Please check the single (1) best answer.

- To improve incontinence management for residents
- A supervisor asked me to enroll
- To earn continuing education credit
- To prepare for MDS 3.0
- To participate in a research project
- To improve on our state survey
- Other reason; please specify: _____

26. What did you like most about this distance learning course?

27. What did you like least about this distance learning course?

28. Is there anything we didn't ask about that you would like to share with us or that you think we should know?

Please tell a little about yourself:

29. What is your position?

- Director of Nursing or Assistant Director of Nursing
- Other nursing staff member; please specify your title: _____
- Certified nurse aide
- Medical director
- Facility administrator
- Other staff member; please specify: _____

30. What is the name of your nursing home? _____

Thank you for your feedback. We sincerely appreciate your time.